# MONTANA BOARD OF ARCHITECTS 301 SOUTH PARK PO BOX 200513 HELENA MT 59620-0513 PHONE (406) 841-2367 FAX (406) 841-2309

E-mail: <u>dlibsdarc@mt.gov</u>
Website address: <u>www.architect.mt.gov</u>

An architect applicant can apply for licensure in Montana by the following two methods:

- 1. **LICENSURE BY EXAMINATION**: The applicant must have an accredited Architectural degree and must have completed the Intern Development Process IDP and pass the National Architectural Registration A.R.E examination. The applicant also must have verification of completion of IDP (internship) sent directly from NCARB or Green Cover Council Record.
- 2. **LICENSURE BY RECIPROCITY**: The applicant must have a current National Council of Architectural Registration (NCARB), Blue Cover Council Record, and must hold a current license in another state.

#### 3. FEES:

#### LICENSURE BY EXAMINATION:

Licensure fees will be required when all sections of the exam have been passed.

Original license fee \$40.00 from July 1<sup>st</sup> of an odd year to June 30 of an even year

\$80.00 from July 1st of even year to June 30 of odd year

## LICENSURE BY RECIPROCITY

Application fee \$140.00 from July 1<sup>st</sup> of an odd year to June 30 of an even year \$180.00 from July 1<sup>st</sup> of even year to June 30 of odd year

## 4. EXAMINATION INFORMATION:

- ♦ All applicants must complete IDP in order to be eligible to sit for the National Architectural Registration examination (A.R.E).
- ♦ When IDP is completed, the applicant will be requested by NCARB to claim their base for licensure.
- ♦ Applicants IDP record will be sent to the requested state and information will be sent to the applicant regarding the examination process.
- ♦ The National Examination (A.R.E) consists of nine separate sections. Fees are set by the exam administrator and a fee schedule will be included in the examination information sent to the applicant.

### 5. ADDITIONAL DOCUMENTS FOR LICENSURE BY RECIPROCITY:

- Completed application and appropriate fee.
- ♦ All reciprocal applications must meet a seismic force requirement for the State of Montana. Seismic force has been included in all NCARB examinations since December 1965, in the Western Conference states since June 1963 and in California since 1937. If it is determined during the review that you do no meet this requirement the applicant will be required to take a

- lateral force examination. This information is contained in the NCARB Blue Cover Council Record.
- ♦ All licensees who enter into partnerships, limited partnerships or profit corporations, sub chapter S corporations or any other form of business entity in which their professional talent and services are utilized, must file a statement with the Board of the existence of the business entity and of their relationship to it.

#### 6. GENERAL INFORMATION

- The Montana Board of Architects does not have temporary licensure for architects.
- ♦ Applicants may contact the National Council of Architectural Registration Boards (NCARB) for any information required above at 202-783-6500 or their website at <a href="http://www.ncarb.org">http://www.ncarb.org</a>
- ♦ A non-resident architect who holds a current, unexpired, unrestricted license to practice architecture issued by the state in which the architect's principal offices are located and holds a current NCARB Council Record, may, upon furnishing the Board with verification of licensure from the other state licensing authority, and verification of their NCARB Council Record, offer architectural services in this state, but may accept no commission or otherwise engage in the practice of architecture within the state until licensed by the Board.
- ♦ Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture, provided, that two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the Board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.
- ♦ A completed application, which includes the current NCARB Council Records, will take approximately 10-15 days to issue a license.
- ♦ If you are going to be applying for licensure by using the NCARB Uniform Application for Architectural Registration then you will need to also submit the following forms included with your application: (these forms can be found on our website)
  - 1. Relationship form
  - 2. Supplemental-Reciprocity Form

Please make sure all required documents are submitted with a completed application. Incomplete applications cause delays in processing. Please do not send cash. Payments are to be made by check or money order. Mail your completed application and supporting documents to the Board office address found on the top of page one.

## The Montana Board of Architects

301 South Park Ave Helena MT 59620 Phone: (406) 841-2367 Fax: (406) 841-2309

E-mail: dlibsdarc@mt.gov Website: www.architect.mt.gov

# **Architect Application**

Which method are you seeking licensure?

Reciprocity □ or Exam □

| Application Fees (nonrefundable)                      |   |
|---|---|
| $\square$ \$140.00 for Reciprocity licensure in an od | dd year [from July 1 <sup>st</sup> of odd year to June 30 of even year] |
| □ \$180.00 for Reciprocity licensure in an ev         | ven year [from July 1st of even year to June 30 of odd year]            |
| No application fee for applying to take th            | ne exams  |
| Social Security Number                                | Date of Birth   |
| Last Name   | First Name  |
| Middle Name   | Also Known As   |
| Please indicate you preferred mailing addre           | ess:  |
| Home □ Business □                                     | E-Mail Address:   |
| Residential Information:                              | Business (Employer) Information:  |
| Phone   | Phone   |
| Fax   | Fax   |
| Address   | Firm Name   |
| City, State   | Address   |
| Zip Code  | City, State   |
|   | Zip Code  |

## **Montana Board of Architects**

All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

| 1. | Have you ever been denied licensure in any jurisdiction?  |       |
|----|---|-------|
|    | □ Yes   |       |
|    | □ No  |       |
| 2. | Has a licensing agency ever taken adverse or disciplinary action against your license?  |       |
|    | $\square$ Yes   |       |
|    | $\square$ No  |       |
| 3. | Has your license ever been forfeited or surrendered?  |       |
|    | $\Box$ Yes  |       |
|    | $\square$ No  |       |
| 4. | Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?   |       |
|    | $\Box$ Yes  |       |
|    | $\square$ No  |       |
| 5. | Have you ever been expelled from or asked to resign from any professional organization of which you were a member?  |       |
|    | □ Yes   |       |
|    | $\square$ No  |       |
| б. | Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecure relating to, or committed during the course of your professional practice, involving violence, use or sale of defraud, deceit, or theft, whether of not an appeal is pending?  You may omit:  1. Traffic violations for which you paid a fine of \$100.00 or less.  2. Charges or convictions prior to your 16th birthday.  Yes  No |       |
| 7. | Have you ever been charged with fraud, formally or informally, in any legal proceeding?   |       |
|    | □ Yes   |       |
|    | □ No  |       |
| 8. | Have you any physical or mental condition, which has in the past three years adversely affected your ability practice this profession, including but not limited to, a contagious or infectious disease involving serious rithe public?  Yes No   | •     |
| 9. | Have you within the last three years, used alcohol or any other mood-altering substance in a manner that adve affected your ability to practice this profession? $\Box$ Yes $\Box$ No   | rsely |

## Montana Board of Architects

(For Reciprocity Licensure only. If you are applying by Exam please skip this page)

All reciprocal applicants are required to complete this page for processing of the Montana Architect Application. Please indicate below in which state(s) you held or currently hold an Architectural License:

| State | License # | Original License Date | Currently Active (Y / N) |
|-------|-----------|-----------------------|--------------------------|
|       |           |                       |                          |
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|       |           |                       |                          |

#### **RELATIONSHIP FORM**

| NAM       | IE OF LICENSEE:   |                             | <u> </u>   |  |
|-----------|---|-----------------------------|--|--|
| In ac     | cordance with ARM 24.114.404 y  | you must complete eithe     | r section number 1 or 2 only.  |  |
| 1.        | 1. If you are associated with the following business entity please mark it and sign this form.  |                             |  |  |
|           | Sole Proprietorship   |                             |  |  |
| 2. positi | If you are associated with any of the on you hold within the entity, indicate   |                             | s please mark the appropriate one, indicate which , and sign the form. |  |
|           | Partnership   | Corporation                 | Limited Liability Company  |  |
|           | Limited Liability Partnersh   | nip                         | Other  |  |
|           | S Corporation   |                             |  |  |
|           | Position you hold within the Busine   | ess Entity:                 |  |  |
|           | Officer   | Director                    | Partner Employee   |  |
|           | Managing Member   | Member                      | Other  |  |
|           | Number of Partners, Managers, and   | Directors:                  |  |  |
|           | Total Number of General Partners, Managers or Directors: Total Number of Engineers or Architects who are General Partners, Managers or Directors: |                             |  |  |
|           |   |                             |  |  |
|           | Total Number of General P   | artner, Managers or Directo | ors who are registered as Architects in the                            |  |
|           | State of Montana  |                             |  |  |

<u>24.114.403 BUSINESS ENTITY PRACTICE</u> (1) When there is a partnership or other business entity of architects, the individual names and license numbers may appear on one seal.

(2) Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture; provided, that two-thirds of the general partners (if a partnership), two-thirds of the managers (if a limited liability company), or two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.

24.114.404 ARCHITECT PARTNERSHIPS TO FILE STATEMENT WITH BOARD OFFICE (1) All licensees who enter into partnerships, limited partnerships or profit corporations, sub-chapter S corporations or any other form of business entity in which their professional talent and service are utilized, must file with the board office a statement of the existence of the business entity and of their relationship to it.

## Montana Board of Architects

## **Affidavit**

| I authorize the release of information concerning my education, training, record | rd, character, |
|--|----------------|
| license history, and competence to practice, by anyone who might possess such    | information,   |
| to the Montana Board of Architects.  |                |

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and the application and licensing instructions. I accept the rules and procedures outlined in these documents as the basis for my application.

|                     | <u></u> |
|---------------------|---------|
| Applicant Signature | Date    |